OMB No 1545-1150

2017

**Short Form** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Return of Organization Exempt From Income Tax** 

MAR 16 2

990-EZ



Form 9	990-EZ(2017) <b>WE CARE INTERNATIONAI</b>			81-	243	32150 Page 2
Pai						
	Check if the organization used Schedu	ile O to respond to	any question in the	nis Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			0.	22	0.
23	Land and buildings			0.	23	0.
24	Other assets (describe in Schedule O)			0.	24	, 0.
25	Total assets			0.	25	X 0.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27	Net assets or fund balances (line 27 of column (B) m	ust agree with line 21)	Г	0.	27	0.
Par	t III Statement of Program Service Acco Check if the organization used Schedu					Expenses
Desc as m	is the organization's primary exempt purpose? <a href="mailto:care">care</a> need ribe the organization's program service accomplis easured by expenses. In a clear and concise manions benefited, and other relevant information for each	hments for each of i ner, describe the ser	ts three largest prog	gram services,	501(	quired for section c)(3) and 501(c)(4) nizations, optional for s )
	ORGANIZATION HAVE NOT HAD ANY PRO		ES FOR THE YE	AR 2017		<u> </u>
		,,,				]
	(Grants \$ ) If this amount in	cludes foreign grants, cl	neck here	▶□	28a	
29						
	(Grants \$ ) If this amount inc	cludes foreign grants, cl	neck here	▶□	29a	
30						
	(Grants \$ ) If this amount inc	cludes foreign grants, cl	neck here	▶□	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount inc	cludes foreign grants, ch	neck here	▶□	31a	
32	Total program service expenses (add lines 28a through	n 31a)		<b>•</b>	32	
Par	t IV List of Officers, Directors, Trustees, and	d Key Employees (	ist each one even if not	compensated - see t	he inst	ructions for Part IV
	Check if the organization used Schedu					Г
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount of her compensation
Bee	na Peter	<u> </u>	, , , , , , , , , , , , , , , , , , , ,			
	sident/secretary	02.00				
	han A Seabrook	02.00			<u> </u>	
	rector	1			İ	
	k A Jefferis	• • • • • • • • • • • • • • • • • • • •				
	ECTOR	01.00				
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		<b>†</b>	-		_	
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-		-				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	t V		
		$\overline{}$	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		v
35a	change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		X
JJa	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b	4		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities  Section 504(a)(2) assessations. Fator amount of tay imposed on the assessation during the very under	┨		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
•	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		
44	transaction? If "Yes," complete Form 8886-T	40e		X
41 42a	List the states with which a copy of this return is filed <b>CA</b> The organization's books are in care of <b>BEENA PETER</b> Telephone no <b>(323)</b>	1) 27	1 0	700
<del>4</del> 20	Located at > 3133 LAKE HOLLYWOOD DRIVE LOS ANGELES, CA ZIP+4 > 9006		1-0	700
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	,,,	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1		
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	L	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		Þ	• 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44.0	Did the account to according on the control of the day of the control of the cont		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	440	<del> </del> -	
~	completed instead of Form 990-EZ	44b		<u>x</u>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<del></del>
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		

Form 990-EZ	(2017) <b>WE CARI</b>	E INTERNATI	ONAL		81	-243215	0 F	age 4
							Yes	No
<b>46</b> Did f	the organization engag	ge, directly or indirectly	y, in political campaign act	tivities on behalf of or in o	pposition			- <u></u>
	andidates for public of					46	<u> </u>	<u> </u>
Part VI		(3) organization						
	• •	)(3) organizations	must answer question	is 47-49b and 52, and	d complete the tables	tor lines		
	50 and 51							
	Check if the orga	nization used Sch	edule O to respond to	any question in this F	Part VI			┸
							Yes	No
<b>47</b> Did 1	the organization engag	ge in lobbying activities	s or have a section 501(h)	election in effect during t	the tax			
•	? If "Yes," complete S					47	ļ	X
	-		tion 170(b)(1)(A)(ii)? If "Ye	•		48	<u> </u>	X
	•	•	empt non-charitable relate	ed organization?		49a	<u> </u>	X
	es," was the related or	-	~			49b	L	L
	•	•	phest compensated emplo	• •		ey		
emp	loyees) who each rece	eived more than \$100,	000 of compensation from	the organization if there	e is none, enter "None "			
(;	a) Name and title of each	n employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred			
_	· · · · · · · · · · · · · · · · · · ·				compensation	+		
			-			1		
						+		
			1					
						<del> </del>		
			-					
				····		<del> </del>		
	<del></del>					-		
		<del> </del>			<del>                                     </del>	<del> </del>		
	· · · · · · · · · · · · · · · · · · ·		-			1		
<b>51</b> Com	•	organization's five hig	phest compensated independent of there is none, enter "I		ach received more than	<del>.</del>		
(;	a) Name and business a	ddress of each independ	dent contractor	(b) Type of serv	nce (	c) Compensati	on	-
				-				
		<del></del>						
		·						
		18						
				1				
	•							
		····		1				
	• •	- · · · - ·						
				1				
<b>d</b> Tota	I number of other inde	pendent contractors e	each receiving over \$100,0	000	<b>▶</b> 0			
52 Did (	the organization comp	lete Schedule A? No	ote All section 501(c)(3)	organizations must attac	h a			_
	pleted Schedule A			- <b>0</b>		<b>▶</b> X Yes		No
			eturn, including accompanyi			owledge and be	elief, it i	s
true, correct, a	ind complete Declaratio	n of preparer (other than	officer) is based on all infor	mation of which preparer ha	as any knowledge			
		ceisa				2020		
Sign Signature of officer Date 1								
Here	BEENA PE		DENT					
	Type or print name	e and title						
Paid	Print/Type preparer's	name	Preparer's signature	Da	nte Check	if PTIN		
Preparer	Bhavana G	irivasan	Bhavana Gir	ivasan 01	/09/202 self-emp	loyed P005	828	22
Use Only	Firm's name ▶ Na	air's Tax S	Services LLC		Firm's EIN ▶4			
Joe Only		4758 HELEN			Phone no			
	JURUPA VAI	LLEY, CA 91	.752		(909) 74:	<u>3-6586</u>		
May the IRS	discuss this return wit	h the preparer shown	above? See instructions			<b>▶</b> X Yes		No No

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Form **990-EZ** (2017)

## **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Inspection** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

νE	CZ	ARE	INTERNATIONAL					81-2432150	
Pa	rt I	F	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns
ſhe	orga	anıza	tion is not a private founda	ation because it i	s (For lines 1 throug	h 12, che	ck only c	one box )	
1		A ch	urch, convention of church	hes, or associati	on of churches descri	bed in se	ection 17	'0(b)(1)(A)(i).	21
2		A sc	hool described in section	170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ) )	07
3		A ho	spital or a cooperative ho	spital service org	ganization described i	n section	n 170(b)(	1)(A)(iii).	
4		A m	edical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A	)(iii). Enter the
			oital's name, city, and state						
5			rganization operated for the		ollege or university ow	vned or o	perated b	y a governmental u	nit described in
		sect	i <b>on 170(b)(1)(A)(iv)</b> . (Cor	nplete Part II)					
6		A fe	deral, state, or local gover	nment or govern	mental unit described	l ın secti	on 170(b	)(1)(A)(v).	
7	X	An c	rganization that normally	receives a subst	antial part of its supp	ort from a	a governr	mental unit or from t	he general public
			ribed in section 170(b)(1		·				
8	$\Box$		mmunity trust described in						
9			gricultural research organ				-	•	-
		or u	niversity or a non-land-gra	nt college of agr	iculture (see instruction	ons) Ente	er the nai	me, city, and state o	f the college or
			ersity						
10	Ш	An c	rganization that normally ipts from activities related port from gross investment	receives (1) moi	re than 33 1/3% of its	support	from con	tributions, members nd (2) no more than	hip fees, and gross
		supp	ort from gross investment	t income and uni	related business taxal	ble incom	ne (less s	ection 511 tax) from	businesses
		acqu	iired by the organization a	fter June 30, 197	75 See section 509(	a)(2). (Co	omplete F	Part III )	
11	님		rganization organized and	-	•				
12	Ш		rganization organized and or more publicly supported	•	-			•	
			oox in lines 12a through 12	_					
а		_	pe I. A supporting organiz						_
•	· L	_	supported organization(s		•	-		-	
			ganization You must con	•		ot a majo	only or the	e directors or trustee	sa or the aupporting
b	, <sub>Г</sub>	_	pe II. A supporting organia	-		nection w	ith its sui	nnorted organization	i(s) by having
_		_	ntrol or management of th					-	
			ganization(s) You must co			, c			,,
c	: Г	_ `	pe III functionally integra	•		ted in co	nnection	with, and functional	v integrated with.
			supported organization(s)						,
c	ı [	_	pe III non-functionally in	•	•				ted organization(s)
			it is not functionally integra			•		• •	• • • • • • • • • • • • • • • • • • • •
		rec	juirement (see instructions	s) You must cor	mplete Part IV, Secti	ions A aı	nd D, and	d Part V.	
e	. [	] Ch	eck this box if the organiz	ation received a	written determination	from the	IRS that	it is a Type I, Type	II, Type III
		fur	ictionally integrated, or Ty	pe III non-function	onally integrated supp	orting or	ganızatıo	n	
f	f Enter the number of supported organizations								
ç			e the following information						
	(1)	Name	of supported organization	(II) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
								,	
						Yes	No		
A)									
B)									
_									
C)									
		-							
D)									
E)									-
-,									

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Secti	on A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not			-				
	include any "unusual grants ")						239.	239.
2	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add lines 1 through 3						239.	239.
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly						ł	
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4		<u> </u>			İ		239.
	on B. Total Support			1				
	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2		(f) Total
7	Amounts from line 4	-					239.	239.
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from similar							
•	sources					-		
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or							
10	loss from the sale of capital assets						]	
	(Explain in Part VI )							
11	Total support. Add lines 7 through 10							239.
12	Gross receipts from related activities, etc	(see instructi	ons)	L		12		239.
13	First five years. If the Form 990 is for the	•	•	third fourth	or fifth tax vea		ection 5	i01(c)(3)
	organization, check this box and stop he		o mot, 0000ma	,,,	or martax you		000000	<b>▶ X</b>
Secti	on C. Computation of Public Suppo		ie					<u> </u>
14	Public support percentage for 2017 (line 6			11, column (f))		14		%
15	Public support percentage from 2016 Sch	nedule A, Part	II, line 14			15		%
16a	33 1/3 % support test-2017. If the organi	zation did not	check the box	on line 13, an	d line 14 is 33	1/3 % 0	r more,	check this
	box and <b>stop here</b> . The organization qualifies as a publicly supported organization							
b	33 1/3 % support test-2016. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15	is 33 1/3	3 % or 1	more,
	check this box and stop here. The organ	ızatıon qualıfie	s as a publicly	supported org	janization			▶ □
17a	10%-facts-and-circumstances test-201	17. If the organ	nization did not	check a box o	n line 13, 16a	, or 16b	, and lir	ne 14 is
	10% or more, and if the organization me							
	Part VI how the organization meets the "fa	acts-and-circu	mstances" test	t The organiza	ition qualifies	as a put	olicly su	pported
	organization							▶ □
b	10%-facts-and-circumstances test-201							
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization m	eets the "facts	s-and-circumst	ances" test Th	ne organization	n qualifie	es as a	publicly
	supported organization							▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17	a, or 17b, che	ck this b	ox and	see
	instructions							▶ □

Part	Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	)		
	(Complete only if you checked the						nder Part II
	If the organization fails to qualify	ı under the te	ests listed belo	ow, please co	mplete Part I	1)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/ (f) Total
1	Gifts, grants, contributions, and membership fees	\					1
_	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	\					
	furnished in any activity that is related to the	\					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	· \	ľ		1		}
	unrelated trade or business under section 513		<b>\</b>				_
4	Tax revenues levied for the		<b>\</b>				
	organization's benefit and either paid						
	to or expended on its behalf	·	<u> </u>				
5	The value of services or facilities			İ	/		
	furnished by a governmental unit to the		\				
	organization without charge		<del>                                     </del>		7		ļ
6	Total. Add lines 1 through 5		ļ\				ļ
7a	Amounts included on lines 1, 2, and 3		\				
	received from disqualified persons	<u> </u>	<b>\</b>	/			
b	Amounts included on lines 2 and 3		\				
	received from other than disqualified			\			
	persons that exceed the greater of \$5,000			X	:	:	
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b			<del>/ \</del>			
с 8	Public support. (Subtract line 7c from		/	<del>  \                                   </del>			<b> </b>
O	line 6)			· ·			
Section	on B. Total Support		1/	<del>                                     </del>			
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> /2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(a) 2013	(6)/2014	(6) 20 (3	(u) 2010	(e) 2017	(I) Total
_	Gross income from interest, dividends,		/	<del>\ \</del>			-
.04	payments received on securities loans, rents,		/	\			
	royalties, and income from similar sources	l /	,	\	Į	•	
b	Unrelated business taxable income (less	/	<u> </u>		$\setminus$		
_	section 511 taxes) from businesses	/			\		
	acquired after June 30, 1975	/					
С	Add lines 10a and 10b				À		
11	Net income from unrelated business				Ì		
	activities not included in line 10b, whether	/					ļ
	or not the business is regularly carried on	/			\		}
12	Other income Do not include gain or	7					
	loss from the sale of capital assets				l \		
	(Explain in Part VI)				\		
13	Total support. (Add lines 9, 10c, 11/,				/		
	and 12 )					`	ŀ
14	First five years. If the Form 990 is for the	e organization	's first, second	, third, fourth,	or fifth tax yea	r às a section	501(c)(3)
	organization, check this box and stop he						▶
	on C. Computation of Public Suppo						·
15	Public support percentage for 2017 (line				(f))	15\	%
16	Public support percentage/from 2016	Schedule A,	Part III, line	15		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2017				lumn (f))	17	%
18	Investment income percentage from 20					18	%
19a	33 1/3 % support test-2017. If the organ						
<b>L</b>	line 17 is not more than 331/3 %, check this						
b	33 1/3 % support test—2016. If the organi line 18 is not more than 331/3 %, check this	zation did not	here The organ	i line 14 or line	: 19a, and line	to is more tha	n 334/3 %, and
20	Private foundation If the organization d						uctions

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation if historic and continuing relationship, explain 2 to the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determination of status under section 509(a) and (c) below 2 and (c) below 3 as at state of the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination organization that organization part in place to ensure such use an under section organization and section organization part in place to ensure such use was an supported organization organization part in place to ensure such use and if you checked 12a or 12b in Part I, answer (b) and (c) below 0 but the organization or supervised by or in connection in deciding whether to make grants to the foreign supported organization such such control and discretion despite being controlled or supervised by or in connection with its supported organization used to ensure that all support to the foreign supported organization had such control and discretion despite being controlled or 30 do (5) (4) (7)? If "Yes," explain in Part VI, including (b) the neasons for each such action, (a) the authority under the organization organization despite being controlled or (2)? If "Yes," explain in Part VI, including (b) the names and EIN numbers of the supported organizations organizing document?  C Substitutions only, Was the substitution the result of an event beyond the organizations that also support or bene	Secti	on A. All Supporting Organizations		Yes	No
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under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN inumbers of the supported organizations added, substituted, or remove, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)  b Type Io rType II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  c Substitutions only. Was the substitution the result of an event beyond the organization's control?  6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of its supported organization's control?  7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contribu			4b		
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	h		ıva		
ANTOLINIO MILOLIGI (IIC VIGUIILAUVII IIAU GAUGAS DUSIIIGAS IIUIUIIIUA I	J	determine whether the organization had excess business holdings in the tax year 7 (Use Scriedule C., Form 4720, to	10b		

Part	V Supporting Organizations (continued)		,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			:
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	442		
_	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	1110	<u>.                                    </u>	<u> </u>
	on Dr. Typo i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
		1_	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations	<u> </u>	L	L
0000	511 5. Type ii Gupporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	İ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	<u></u>	
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<b>-</b> -		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1	١.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	L	<u></u>
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	5)
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	. /	4	_4
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see	ınstru	cuons
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<u> </u>	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	<u> </u>	<u> </u>	<u></u> '
2		2b	├.	-
3 a	Parent of Supported Organizations Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<b> </b>	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	) Ja	<del> </del>	ı
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
See instructions. All other Type III non-functionally integrated supporting of	rgar	nizations must complete s	Sections A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	•	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	l		İ
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4 Enter greater of line 2 or line 3	4	1	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally integrated 509(a)(	3) Supporting Organ	ilzations (continued	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	)		-
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ) See instr			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f_	Total of lines 3a through e	·		
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

►Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest Information.

2017
Open to Public Inspection

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WE CARE INTERNATIONAL	81-2432150
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